		•	<i>J</i>
1. PLACE OF BIRTH	Kara bureau of vi	BOARD OF HEALTH	State File No. 203 Registered No. 104
County District or Township	No.	State or Village.	St., Ward
	Sando	ral	St. Ward give its NAME instead of street and number)  (If child is not yet named, make supplemental report, as directed.
2. Full name of child Duria  3. Sex of Child To be answered ONLY in event of plural births.  8. FATHER  Full name Paranon Da	5. No., in order of birth	Jes 1	7. Date of birth Month Day Year
8. Full name Ramon Sa	ndoral	14. Full maiden name	aria Suerroro
9. Residence (Usual place of abode)  If non-resident, give place and state,  10. Color or race	aviz.	15. Residence (Usual place of abode) If non-resident, give p	lace and state.
EE TOUR II ASO OF LOST	birthday 32 (Years)	16. Color or race	17. Age at last birthday. 3/(Years)
12. Birthplace (city or place) (State or country)	exico	18. Birthplace (city or place (State or country)	of Lardsburg new hex.
13. Occupation Zruck Nature of industry	e driver	19. Occupation  Nature of industry	Nausewije
20. Number of children of this mother	(a) Born alive a (b) Born alive b (c) Stillborn	ut now dead 6	21. Were precautions taken against oph- thalmia neonatorum?
I hereby certify that I attended the birth of	this child, who was	G PHYSICIAN OR MIDWIF	//: 06 1? m. on the date above stated.
or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.	Signature	physicis	(Physician or midwife).
a supplemental report Month, day, yo	Address.	17 1029 L	h, E, le Jelling mas
Z Registrar	623.	- 530 - 4	176 Registrar